

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:							***************************************						
NAME:						MOVE	UTHORIZEI	D: FOLL	FOLLOWING ACCOMPANIMENTS:				
ADDRESS:						SATURDAY:							
						SUNDAY:							
CITY/STATE/ZIP						DARKNE (CVC280):	SS:			***************************************			
OFFICE PHONE NUMBER (Including Area Code) OFFICE					E FAX NUMBER (Including Area Code):					***************************************		Н и в 18 г. 	
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: HAI					UL DRIVE TOW								
DIMENSIONS OF LOAD:										***************************************		**************************************	
												····	
DESCRIPTION OF HAULING EQUIPMENT:						***************************************							
VEHICLE WIDTH:	SEMI-TRAILER LENGTH:				KINGPIN TO LAST AXLE:					COMB. VEHICLE LENGTH:			
AXLE NUMBER	1 1	2	3		4	5		6	7	<u> </u>	8	9	
NUMBER OF TIRES PER AXLE													
DISTANCE BETWEEN AXLES							t		<u> </u>			ı	
WIDTH OF AXLES AT TIRE SIDEWALL													
MAXIMUM ALLOWABLE WEIGHT	<u> </u>			L		<u> </u>						4	
LO	ADED DIMENSIC		R THAN TH	IOSE SHO	WN BELOV	V ARE NOT	AUTHO	RIZED					
LOADED HEIGHT:	ADED HEIGHT: LOADED WIDTH: LOAI				ED OVERALL LENGTH: LOADED OVERHANG					WEIGHT CLASS:			
ORIGIN:					DESTINAT	ON:	<u> </u>	······					
AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED					PERMIT VALID FOR POSTED TRUCK ROUTES ONLY with local access for pickup/delivery according to Section 35703 of the CVC								
* APPROVED TRUCK ROU	TES NECESSA	ARY FOR IN	GRESS A	ND EGR	RESS TO A	ND FROM	A JOB S	SITE INCL	JDING UNI	LADEN	TRAVEI		
* AUTHORIZED TO TOW L													
1997 to the Parish			***************************************					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
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PILOT CAR YES	☐ NO	***DII	OT CAP (DEVI IIDI	ED ON LO	ADS EVO	TE CURIC	. 401 14/100	a		***************************************		
Pursuant to California Vehic	e Code, Sectio	***************************************								ante coi	forth by th	h.	
California Department of Tra					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			meeting at	o requirem	CIRS SCI	. ioitii by ti	(IC	
CASH, CHARGE, CREDIT CARD OF			ricyai iva	The second secon	APPLICANT S		y.				DAT	Έ	
CREDIT CARD EXP. DATE FEE NUMBI		NUMBER	ER OF TRIPS		AUTHORIZED CITY AGENT					DATE			
\$					V-0-1-1-1								
REQUESTED ROUTE:													
	19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	///****			APPI	JCANT CON	ITACT PE	ERSON (PRII	NT)				

PERMIT VALID:

PERMIT NUMBER